

JUN 20 2018

**UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT**

FORM B

For New Members, Candidates, and New Employees

LEGISLATIVE RESOURCE CENTER

18 JUN 28 PM 12: 22

Name: Elissa B. Slotkin

Daytime Telephone: _____

U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)

FILER STATUS



New Member of or Candidate for U.S. House of Representatives
State: Michigan District: 8th
Candidates - Date of Election: 6 November 2018



Check if Amendment



New Officer or Employee
Employing Office: _____

Staff Filer Type (If Applicable):
Shared ☐ Principal Assistant ☐

Period Covered: January 1, 2017 to JUNE 14, 2018

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child:

- a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or
b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?

Yes ☒ No ☐

E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?

Yes ☒ No ☐

C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?

Yes ☒ No ☐

F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?

Yes ☐ No ☒

D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?

Yes ☒ No ☐

J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?

Yes ☐ No ☒

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?

Yes ☐ No ☒

EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes ☐ No ☒

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Use additional sheets if more space is required.

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name:

Elissa B. Slotkin

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income								BLOCK D Amount of Income																							
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Current Year												Preceding Year											
		None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII								
SP	IRA, Traditional Fidelity Magellan (FMAGX)						X														X																									
SP	IRA, Fidelity Growth							X													X																									
SP	PNC (cash accounts)							X																																						
SP	Bank of America (cash accounts)						X																																							
SP	Morgan Stanley Bank (cash accounts)			X																																										
SP	Bank of America (MAC)			X																																										
SP	Morgan Stanley, Institutional Fund Growth A (HSEGX)				X																																									
SP	Morgan Stanley, Institutional Fund Trust Global Strategist A (HNBKX)					X																																								
SP	Morgan Stanley, PIMCO All Asset B (PABRX)				X																																									
SP	Walt Disney Company (DIS)				X																																									
SP	CACI and BSH (salary)						X														salary																									
SP	Morgan Stanley, Institutional Fund, Global Strategist I (HGBKX)				X																																									
SP	Comerica Savings (cash account)			X																																										
SP	Morgan Stanley, Focus Growth Fund A (HSEGX)				X																																									
SP	Johnson and Johnson (JNJ)		X																																											

Use additional sheets if more space is required.

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Preceding Year	Year	Number of cases	Rate per 100,000 population
1978	1979	16	1.0
1979	1980	16	1.0
1980	1981	16	1.0
1981	1982	16	1.0
1982	1983	16	1.0
1983	1984	16	1.0
1984	1985	16	1.0
1985	1986	16	1.0
1986	1987	16	1.0
1987	1988	16	1.0
1988	1989	16	1.0
1989	1990	16	1.0
1990	1991	16	1.0
1991	1992	16	1.0
1992	1993	16	1.0
1993	1994	16	1.0
1994	1995	16	1.0
1995	1996	16	1.0
1996	1997	16	1.0
1997	1998	16	1.0
1998	1999	16	1.0
1999	2000	16	1.0
2000	2001	16	1.0
2001	2002	16	1.0
2002	2003	16	1.0
2003	2004	16	1.0
2004	2005	16	1.0
2005	2006	16	1.0
2006	2007	16	1.0
2007	2008	16	1.0
2008	2009	16	1.0
2009	2010	16	1.0
2010	2011	16	1.0
2011	2012	16	1.0
2012	2013	16	1.0
2013	2014	16	1.0
2014	2015	16	1.0
2015	2016	16	1.0
2016	2017	16	1.0
2017	2018	16	1.0
2018	2019	16	1.0
2019	2020	16	1.0
2020	2021	16	1.0
2021	2022	16	1.0
2022	2023	16	1.0
2023	2024	16	1.0
2024	2025	16	1.0
2025	2026	16	1.0
2026	2027	16	1.0
2027	2028	16	1.0
2028	2029	16	1.0
2029	2030	16	1.0
2030	2031	16	1.0
2031	2032	16	1.0
2032	2033	16	1.0
2033	2034	16	1.0
2034	2035	16	1.0
2035	2036	16	1.0
2036	2037	16	1.0
2037	2038	16	1.0
2038	2039	16	1.0
2039	2040	16	1.0
2040	2041	16	1.0
2041	2042	16	1.0
2042	2043	16	1.0
2043	2044	16	1.0
2044	2045	16	1.0
2045	2046	16	1.0
2046	2047	16	1.0
2047	2048	16	1.0
2048	2049	16	1.0
2049	2050	16	1.0
2050	2051	16	1.0
2051	2052	16	1.0
2052	2053	16	1.0
2053	2054	16	1.0
2054	2055	16	1.0
2055	2056	16	1.0
2056	2057	16	1.0
2057	2058	16	1.0
2058	2059	16	1.0
2059	2060	16	1.0
2060	2061	16	1.0
2061	2062	16	1.0
2062	2063	16	1.0
2063	2064	16	1.0
2064	2065	16	1.0
2065	2066	16	1.0
2066	2067	16	1.0
2067	2068	16	1.0
2068	2069	16	1.0
2069</			

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SCHEDULE D - LIABILITIES

Name: Elissa B. Slotkin

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
	Exempt	First Bank of Wilmington, DE	5/98				X							
	None													

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates and new employees** report positions held in the current calendar year and two previous years.

Position	Name of Organization
Founder, CEO	Pin Point Consultants, Holly MI 48442

SCHEDULE F – AGREEMENTS

Name: **Elissa B. Slotkin**

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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
	None	

SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)		Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
None		

Name: _____ Page _____ of _____

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[illegible]

Use additional sheets if more space is required.